DIFFERENTIAL UTILITY OF A. K. RICE AND NATIONAL TRAINING LABORATORY EXPERIENTIAL CONFERENCES FOR PSYCHIATRY RESIDENTS

JAMES W. LOMAX, MD
LINDA J. WEBB, PhD

ABSTRACT: The Department of Psychiatry at Baylor College of Medicine provides experiential group conferences as part of the general psychiatry residency curriculum of second-year residents. One conference utilizes the conceptual framework and experiential format developed by the A. K. Rice Institute (AKRI), and the other conference employs concepts and techniques developed by the National Training Laboratories. This report presents statistical and descriptive assessments of the conference supporting the departmental hypothesis that the educational "products" of the experiences are complementary and do not overlap in specific important areas.

INTRODUCTION

During the past three years, the Department of Psychiatry at Baylor College of Medicine, in Houston, Texas, has provided experiential group conferences as part of the graduate medical education (residency) program for its second-year general psychiatry residents. The department offers its residents two such conferences. One utilizes the conceptual framework and experiential format developed by the A. K. Rice Institute (AKRI). The other conference employs concepts and techniques developed by the National Training Laboratories (NTL). The two conferences were offered because we hypothesized that the educational "products" of the experiences are complementary and do not overlap in important areas. This report presents statistical and descriptive assessments of the conferences that support this hypothesis and the practical consideration of offering two different types of experiential learning rather than a single modality.

Dr. Lomax is an Assistant Professor of Psychiatry and Coordinator of the General Psychiatry Residency Program at Baylor College of Medicine. Dr. Webb is the Director of Continuing Education at the Texas Department of Mental Health and Mental Retardation of the Texas Research Institute of Mental Sciences.

©1983 Human Sciences Press

One might legitimately question offering experiential learning conferences at all. Such conferences are not a part of the Essentials of Residency Training in Psychiatry document developed by the Liaison Committee on Graduate Medical Education.[1] In fact, Taintor[2] found that 16 percent of residency programs that had offered group sensitivity training to residents had stopped such programs because of either lack of interest or unsatisfactory results. In his survey, experiential groups were perceived as valuable for a variety of functions, but clearly defined reasonable goals and experienced leaders were a prerequisite for beneficial outcomes. The nature of the conferences requires the added expense of contracting with individuals outside the department who are competent in facilitating the respective types of experiential learning. Many, if not most, psychiatry residency programs in the United States neither offer nor require such learning experiences for their trainees. Experiences supporting the value of group process experiences in residency training include the work of Gerber, Straussman, and Pappadis,[3] who felt that such experiences could facilitate group cohesion, accelerate the role identity as psychiatrists, and assist the residency training director. In their work, the process group was part of an integrated educational curriculum with clear purpose and boundaries and careful attention to the borderline of educational and therapeutic intent.

The Department of Psychiatry at Baylor believes that it is highly desirable if not essential for psychiatrists to develop skills at functioning in groups. Group skills not only are of obvious importance in leading group psychotherapy, but also are highly relevant to the function of psychiatrists in community mental health centers, inpatient psychiatric services, and consultation/liaison psychiatry. There are increasing requests for psychiatrists to perform indirect services such as client- and case-centered consultation. Beigel and other leaders in academic and community psychiatry predict an increasing emphasis on administration and supervision skills required for tomorrow's psychiatrists.[4] Given that there exists an educational need for the development of group skills, there is an increasing pressure on residency directors or coordinators in psychiatry to economize in their residency programs with respect to both time and financial constraints.

The explicit goals of the experiential conferences offered in our department can be summarized as follows: Upon completion of the conferences, the residents should have familiarity with the subjective experience of participating in the formation, work, and termination of a task-oriented group. This will include both the individual, subjective responses to various phases of the group process as well as the group level pressures placed on individuals who are part of the work group

(as distinct from pressures or forces that originate within the individual). In addition to the explicit goals of these experiential conferences, department faculty at Baylor have been increasingly aware of certain ancillary effects of the experiential conference. Both events, but especially the NTL conference, play an important role in promoting group cohesiveness amongst the residency group. Covert issues that have interfered with both individual and group function of the residency class have become more overt during the conferences, and residents have emerged with an enhanced esteem and understanding for their colleagues. This by-product of the NTL groups seems to relate to the "curative factors" of acceptance and universalization described by Yalom in his description of group process.[5] The AKR conference has promoted a sense of individual responsibility and personal authority for residents. Residents have returned from this conference with fewer self-perpetuating myths about the inevitability and immutability of group structure and function. Residents seem more challenging of the departmental and residency structure and often are able to contribute valuable suggestions for change.

The two conferences are offered to second-year (PGY-II) residents. The NTL conference is offered in January and the AKR conference in April or May of the PGY-II year. Therefore, residents who did their first postgraduate year at Baylor have had approximately eighteen months of graduate medical education, including twelve months of psychiatry. Residents who did a first postgraduate year elsewhere have had approximately six months of experience in the Baylor program and six to twelve months of clinical psychiatry rotations. The two conferences are part of the ten-hour-per-week "core curriculum" for residents. The core curriculum consists of seminar tracks, individual supervision, grand rounds, and a residency journal club. The conferences are part of a weekly seminar series on group psychotherapy that begins in January of the PGY-II year. Residents are also involved in a different but concurrent seminar track on consultation/liaison psychiatry at the same time. Unlike other core curriculum activities, however, attendance at the conferences in question is voluntary because of their experiential nature. Participation is encouraged by the department, however, and residents are excused from other activities in order to attend. Participation usually is more than 90 percent of the PGY-II class. The NTL conference is structured as a homogeneous small group experience (limited to psychiatry residents). The PGY-II residents are given priority to attend the conference, but generally one or two more advanced residents participate who did not attend the conference previously for one reason or another, i.e., they had transferred from another program or had not attended the conference during their own second postgraduate

year. The NTL group trainers have had national level experience as consultants. Neither trainer has a predictable involvement with the residents in any clinical context, but one does offer an elective experience that is sometimes chosen by advanced residents. The expressed goals of this conference are focused on interpersonal issues and group dynamics. There is a strong emphasis on learning how to give and receive feedback about interpersonal style and encouragement to experiment with different ways of behavior. The residents are encouraged to learn skills, to be more open, and to "take a new look" at their situation in groups and organizations. The primary format for learning is the training group (T-Group). The T-Group is a small "agenda-less" group structured to provide group members the opportunity to both participate in and observe the development of social structure. The data generated by participant interactions are processed by group members, and, when appropriate, exercises are conducted and theoretical concepts discussed in an educational format. Norms for respecting confidentiality are elaborated and help to facilitate a climate of trust to maximize the learning experience.

The AKR conference occurs in the same academic year, but the residents participate in a much larger and heterogenous total conference group. (This format was chosen because a previously employed more homogeneous group was very unevenly received by previous residency groups at Baylor.) For the AKR experience, the department subsidizes the resident's participation in a nonresidential weekend conference sponsored by the Texas Center of the AKRI.

Developed by the Tavistock Institute of Human Relations in London, the AKR group relations conference is a training method designed to provide participants with an opportunity to study the nature of authority and leadership and the influence of covert group processes on task performance. The focus of the training is on the study of both personal and organizational authority. The influence of group processes on one's ability to accomplish a task is examined while these dynamics are actually occurring. The task of studying group processes as they occur is, by definition, a paradoxical and unfamiliar situation. The training format, however, is based on the premise that one can learn more about group processes by experience than from lectures. The weekend, nonresidential conferences generally have three events, two experiential and one reflective. The small group has eight to twelve members drawn from diverse backgrounds, whose task is to study the group's behavior in the here and now. A consultant assists in the task, but, instead of teaching or leading in the conventional sense, the consultant merely interprets the process as he or she perceives it. In the intergroup event, participants study relation-

ships between and among groups as they occur. Members form groups among themselves, while the staff serves as the management group and provides consultation. Here the focus of study is on problems of group formation, group membership, and group representation. The application group, the only nonexperiential event, occurs towards the end of the conference. Members examine their experiences in the conference and the relationship of these experiences to their work roles and home institutions.

THE EVALUATION METHOD

An evaluation was designed in order to obtain a more systematic assessment of the two learning experiences than is generally gathered by word of mouth. More specifically, the purpose of the evaluation was to obtain information on the participants' rating of the following aspects of the NTL and AKR conferences and to compare the difference between the two in several areas:

1. overall value/benefit;
2. recommendations regarding conferences for future residents;
3. the relevance of the conference to the residents' work roles;
4. the extent to which the conference was a personal growth experience;
5. the extent to which the conference was expected to result in a change in behavior and the areas where change was expected;
6. the extent of the residents' learning in various areas, i.e., delegation, group dynamics, giving and accepting feedback, et cetera.
7. the types of issues present or predominant in the conference.

In order to gather this information, a postconference evaluation questionnaire was designed. The questionnaire was a "conglomerate" of questions previously used by Johnson and Fleisher[6] to evaluate AKRI conferences. Questions were also added to include areas of learning relevant to the NTL conference.

A total of fourteen residents (nine in 1979 and five in 1980) participated in one of the two AKRI conferences, and twenty-two (ten in 1979 and twelve in 1980) participated in the NTL conferences. Of the residents participating in the conferences, 100 percent responded to the questionnaire. However, since the conferences were optional, not all of the residents participated in both experiences. Fewer residents participated in the 1980 AKRI conference because of time of the year during which it was offered.

PURPOSES OF THE EVALUATION

1) overall value/benefit
2) recommendations for future conferences
3) relevance to work roles
4) personal growth experience
5) change in behavior
6) areas of learning
7) conference issues

TABLE I

RATING	AKRI	NTL
overall value (5 point scale	4.5	4.45
recommend attending to other residents	92.8%	100%
recommend future conferences	100%	100%
relevance to work roles (7 point scale	5.15	5.1
personal growth experience	5.6	5.1
change in behavior	4.75	4.6

RESULTS

The results of the evaluation indicated that the residents perceived both the AKRI and NTL conferences to be very beneficial. They were rated 4.5 and 4.45 respectively on a five-point scale indicating essentially no difference in perception of the overall value or worth of the two experiences (see Table 1).

For both the AKRI and NTL conferences, 100 percent of the respondents indicated that they would recommend other residents to

TABLE II

AREAS FOR CHANGE IN BEHAVIOR	AKRI	NTL	SIGNIFICANCE
interactions with peers	57%	100%	.01
interactions with those under my authority	57%	18%	.05
facilitating others to be open	0%	67%	.02

AREAS FOR CHANGE IN BEHAVIOR	AKRI	NTL	SIGNIFICANCE
interactions with authority	86%	50%	n.s.
work productivity/efficiency	21%	27%	n.s.
small task-oriented work groups	57%	73%	n.s.
large work groups	57%	27%	n.s.
ability to identify and/or clarify tasks and roles	64%	41%	n.s.
self-enhancement	36%	55%	n.s.
increased comfort in group settings	64%	73%	n.s.
being more open	60%	83%	n.s.
increased risk taking behavior	40%	50%	n.s.
increased ability to support others	0%	42%	n.s.
better relationship with people outside work group	20%	50%	n.s.

attend, and 92.8 percent and 100 percent, respectively, felt that there should be similar conferences held in the future.

When questioned about the relevance of the conference to their work roles, the residents rated, on a seven-point scale, the AKRI and NTL conferences 5.15 and 5.1 respectively, indicating no difference in their perception of the relevance of the two experiences to their roles as residents in psychiatry.

The residents were questioned about the extent to which they perceived the conferences to be a personal growth experience. On the seven-point scale, the AKRI conference was rated 5.6 and the NTL

TABLE III

AREAS OF LEARNING	AKRI	NTL	SIGNIFICANCE
issues of power and authority	5.9	3.7	.001
delegation of authority	4.9	3.5	.01
principles of leadership effectiveness	5.2	3.8	.001
effect of group processes on task performance	5.7	4.6	.04
authority, leadership and group relations	6.1	4.8	.003

AREAS OF LEARNING	AKRI	NTL	SIGNIFICANCE
intergroup relationships	4.8	5.0	n.s.
group dynamics	5.9	5.3	n.s.
principles of good followership	3.0	3.7	n.s.
role of the unconscious	5.6	5.0	n.s.
awareness of personal issues	5.1	4.8	n.s.
organizational dynamics	4.7	4.1	n.s.
interpersonal problems in the exercise of leadership	5.4	4.6	n.s.
responsibility for change	4.4	4.9	n.s.
interpersonal relationships	3.0	4.3	n.s.
giving feedback	3.8	5.3	n.s.

conference 5.1. While there is a small difference in the ratings, it is not significant.

The participants rated (again on a seven-point scale) the extent to which they expected a change in their behavior as a result of their participation in the conferences. The AKRI conference was rated 4.75 and the NTL conference 4.6; again, no significant difference.

The participants also indicated the areas of behavior in which they anticipated a change. The results are presented in Table 1 and indicate

TABLE IV

CONFERENCE ISSUES	AKRI	NTL	SIGNIFICANCE
racial issues	3.7	1.7	.0007
men's roles vs women's roles	6.5	3.7	.0001
dependency on the staff	4.8	2.6	.001
age-generation gaps	3.7	1.8	.0001
sexual alliances	5.2	3.9	.02
in-fighting among staff	3.6	1.4	.006
in-fighting among membership	4.8	3.7	.001
illegitimate use of authority by membership	2.9	1.6	.01
illegitimate use of authority by staff	2.9	1.3	.008
fighting between work group	3.9	1.4	.0003
interdisciplinary-interprofessional issues	5.2	1.8	.0001

CONFERENCE ISSUES	AKRI	NTL	SIGNIFICANCE
lack of defined goals	4.9	4.2	n.s.
friendships interfering with work	3.8	3.7	n.s.
lack of commitment by staff	2.0	1.2	n.s.
lack of commitment by membership	2.9	2.4	n.s.
incompetence among membership	2.5	1.4	n.s.
incompetence among staff	1.7	1.1	n.s.
corruption	1.5	1.0	n.s.

where there was a significant difference between the rating of the AKRI and NTL conferences. The numbers indicate the percent of respondents who checked the area. A chi-square comparison was used to determine significance for the first nine areas listed. A Fisher Exact Probability Test was used for the remaining five areas, because these questions were added in 1980 and the sample size was smaller.

As can be seen from Table 1, there was a significant difference between the two conferences in only three areas. More of the participants expected their behavior to change as a result of the NTL conference in interactions with peers and in facilitating others to be more open, and for the AKRI conference, more expected the behavior to change in interactions with those under authority.

Table 2 presents the results of the participants' rating on the areas of learning and indicates where there was a significant (Mann Whitney U) difference on a seven-point scale between the two conferences (see Table 2).

There were five areas where the residents perceived a difference in their learning from the AKRI and NTL conferences, all of which were rated higher for the AKRI conference: a greater degree of learning about issues of power and authority; delegation of authority; principles of leadership effectiveness; the effects of group process on task performance; and "authority, leadership, and group relations." As you can see, there were only a few items on the questionnaire (giving feedback and interpersonal relationships) particularly relevant to the NTL conference. These were added to the 1980 questionnaire and were not significant, probably due to the smaller sample size.

Table 3 presents the respondents' rating of the presence of various issues in the conference. Again, the ratings were on a seven-point scale, and a Mann Whitney U comparison was used to determine if the difference in the ratings of the AKRI and NTL conference were significant. (In determining significance, the authors decided that for a difference to be subjected to the Mann Whitney U analysis, the difference in rating would need to be at least one point.)

Eleven of the issues were perceived differently in the two types of conferences, and all eleven were perceived to a greater degree in the AKRI conference. They included: racial issues, men's roles versus women's roles; dependency in the staff; age generation gaps; sexual alliances; infighting among both the membership and staff; illegitimate use of authority by both the membership and staff; infighting between work groups; and interdisciplinary issues.

DISCUSSION

The data from our questionnaires, while hampered by the small total number of residents involved, do give support to the notion that the conferences are meeting their designed objectives of learning about one's personal function in groups and learning about group process (as opposed to individual dynamics). The data also support the hypothesis that different areas of learning are addressed by the two conferences and that the conferences are not redundant or duplicative. The NTL conference is focused on individual influences in a group context. It is certainly interpersonal in nature and provides the opportunity to directly and explicitly give and receive feedback as part of a didactic experience. Residency directors should take particular interest in the perceived effectiveness of the NTL conference as a means of helping the residents to support others. In the personally stressful and challenging context of a psychiatry residency, this is an unusually important issue and one to which we will return later.

The AKR experiential conference has a more conceptually difficult focus on group level dynamics. There is certainly a more abstract and cognitive quality to the learning that takes place at the AKR conference in comparison to the more personal and subjective description of increased cohesion, closeness, and openness at the NTL conference.

There are stresses inherent in psychiatry residency education that are simply not present in other forms of graduate medical education. The psychiatry resident undergoes personal changes that are as important and, at times, more important than any new cognitive information he or she acquires. Such learning is often personally troubling. A corollary of these special educational process issues is that the peer group of psychiatry residents takes on a level of importance not matched in other types of residency programs. For optimal personal and professional development, the psychiatry resident must be able to give and offer feedback and support to members of the peer group. Meaningful exchange, which includes divulging important personal material, is difficult under the best of circumstances. When the peer group consists of highly competitive and competent individuals who have come out of a medical school and undergraduate environment in which acknowledgment of personal difficulties was often denied or at least downplayed, the difficulty is enormous. In addition to the data collected in our questionnaire, residents have personally conveyed to me, in more unstructured and informal settings, that the NTL experience was the first time they ever got to know their colleagues on a personal basis. The new level of relationships developed in these experiences has led some residents to form groups in which they serve as co-therapists—not unlike the behavior

described by Astrachan in an earlier paper discussing the effect of the NTL and AKR experiential group conferences.[5] Perhaps this particular attribute of the NTL conference catches our attention because of the affiliated institutional nature of our residency program. Our residents are assigned to a variety of teaching hospitals and outpatient facilities and have only the ten-hour-per-week core curriculum in which the entire group works together in a predictable manner. Up to this point, our program has not employed a training group or other type of sensitivity or dynamic process group that might be an alternative solution to the problem of facilitating the group cohesion.

The AKR conference has important practical benefits for our program as well. Early in their training, residents typically begin to feel helpless, angry, and resentful.[6] This predictable developmental phase of residents has been called the October revolution by some program directors. The helplessness and resentfulness reflect the resident's response to a variety of issues: dealing with severely disturbed individuals or disorganized families, slow-moving and often impersonal institutions, et cetera. In addition to being a predictable and not unexpected response to the enormity of the task they face, the helplessness and resentment may take on a defensive or self-protective function, providing a sort of solace and focus away from the difficult personal tasks ahead. The AKR conference challenges myths of helplessness and is organized to highlight areas of personal responsibility. There often ensues an increased sense of individual responsibility, which is revealed in the resident's clinical work on the consultation/liaison unit and also in their willingness to criticize and seek change within the residency program itself. This seems to result from the successful resolution of the basic assumption dependency experience that the AKR conference highlights.[7]

We contend that neither conference alone provides the full spectrum of benefits and learning experiences offered by the two conferences. The main benefits of the NTL conference have to do with increased awareness of the effect of one's behavior on others, the increased ability to give and receive support amongst a peer group, and the resulting increase in group cohesiveness.

The AKR conference offers a sharper perception of leadership, authority issues, and the ability to examine group level assumptions about the inevitability and the immutable nature of organizations. As a consequence, the conference provides the opportunity for an increased sense of personal responsibility for one's behavior in a group.

The goals and structures of the respective conferences lend themselves to meeting their expressed goals. However, a conference structure directed toward one set of goals may detract from others that can be met in the opposite context, i.e., the focus on group level

phenomena by the AKR consultants decrease the chance for more individual feedback opportunities between and among members of that conference.

REFERENCES

1. Special requirements for residency training in psychiatry and neurology in *Directory of Residency Training Programs,* American Medical Association, Chicago, Il. 1980, 51-55.
2. Taintor, Z.: Group sensitivity training for psychiatry residents. *Journal of Psychiatric Education 1* (1): 93-99, Spring/Summer 1977.
3. Gerber, J. P., Strassman, H. D., Pappadis, T: Psychiatric residency identity crisis: Resolution through group process. *Journal of Psychiatric Education 1* (1): 100-08, Spring/Summer 1977.
4. Beigel, A.: Psychiatric education at crossroads, issues and future directions, *American Journal of Psychiatry 136*: 1525-29, December 1979.
5. Yalom, I.: Curative factors—overview in *The Theory and Practice of Group Psychotherapy* New York Basic Books, 1970, 60-82.
6. Johnson, J. L., Fleisher, K: Reactions of teachers of emotionally disturbed children to group relations conferences: A new application of Tavistock training, *Journal of Personality and Social Systems, 2:* 11-25, September 1980.
7. Joseph, D. I., Klein, E. B., Astrachan, B. M.: Mental health students' reactions to a group training conference: Understanding from a systems perspective. *Social Psychiatry 10:*79-85, 1975.
8. Merklin, L., Little R.: Beginning psychiatry training syndrome. *American Journal of Psychiatry 124:* 193-97, 1967.
9. Bion, W. R.: Selection from: Experiences in groups, in *Group Relations Reader,* Colman and Bexton (eds.), Sausalito, Ca.: Grex, 1975, 11-20.